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Customer Number

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: HILL, NICHOLAS P. R.  
Application No.: 10/750290 Confirmation No.: 9188  
Filed: December 31, 2003  
Title: TOUCH SENSITIVE DEVICE EMPLOYING IMPULSE RECONSTRUCTION

**AMENDMENT AND RESPONSE UNDER 37 CFR § 1.116**

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]**

I hereby certify that this correspondence is being:

- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

August 13, 2007  
Date

Shannon M. Bruce  
Signed by: Shannon M. Bruce

Dear Sir:

In response to the Final Office Action mailed June 11, 2007, Applicant submits the present amendment and response.

**Fees**

- ☐ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

<b>Claims As Amended</b>							
(1)	(2)	(3)	(4)		(5)	(6)	(7)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Total Claims	32	Minus	**	32	0	x \$50.00	\$0.00
Independent Claims	4	Minus	***	3	1	x \$200.00	\$200.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$360.00	
<b>Total Additional Fee For This Amendment</b>							<b>\$200.00</b>
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							